

EPA KEY CONTACTS FORM

OMB Number: 2030-0020 Expiration Date: 06/30/2024

Authorized Representative: Original awards and amendments will be sent to this individual for review and acceptance, unless otherwise indicated.

Name:	Prefi	x:		First Name:	Timothy			М	iddle Name:		
	Last	Name:	Wester						Suffix:		
Title:	Title: CRA Sponsored Projects Officer										
Complete Address:											
Street1: 1700 Lomas NE Suite 2200]			
Stree	t2:	MSC01	1247								
City: Albuqu		Albuqu	nerque			State: NM: New Mexico					
Zip / Postal Code:		87131-0001			Country: USA: UNITED STA			ATES			
Phone Number:		er:	505-277-418	05-277-4186			Fax Num	ber: 50	505-277-4185		
E-mail A	E-mail Address:		osp@unm.ed	u							
Payee: Individual authorized to accept payments.											
Name:	Prefi	x:		First Name:	Norma			М	iddle Name:		
	Last	Name:	Allen						Suffix:		
Title: University Controller											
Complete Address:											
Street1: 1700 Lomas NE Suite 2200											
Street2: MSC01		MSC01	1247								
City: Albuq		erque			State: NM: New Mexico						
Zip / Postal Code:		Code:	87131-0001			Country: USA: UNITED STAT			TES .		
Phone Number:		er:	505-277-4186			Fax Number:		ber: 505	505-277-4185		
E-mail A	Addre	ess:	osp@unm.ed	u							
Administrative Contact: Individual from Sponsored Programs Office to contact concerning administrative matters (i.e., indirect cost rate computation, rebudgeting requests etc).											
Name: Prefix: Last Name:				First Name:	Timothy			М	iddle Name:		
			Wester						Suffix:		
Title: CRA Sponsored Projects Officer											
Complete Address:											
Street1: 1700 Lomas NE Suite 2200											
Street2: MSC01 1247											
City: Albuqu			uerque			State: NM: New Mexico					
Zip / Postal Code:		87131-0001			Country: USA: UNITED STATE			s			
Phone Number:			505-277-418	86			Fax Numb	ber: 505	5-277-4185		
E-mail Address:		osp@unm.edu									

EPA Form 5700-54 (Rev 4-02)

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Project Manager: Individual responsible for the technical completion of the proposed work.

						ı			
Name:	Prefix:	First Name: He	ather		N	/liddle Name:			
	Last Name:	Himmelberger				Suffix:			
Title:	Director o	of the SW EFC							
Complete Address:									
Stree	1700 I	omas NE Suite 2200							
Stree	MSC01	1247							
City: Albuqu		erque	State:	State: NM: New Mexico					
Zip / Postal Code:		87131-0001	Countr	y: USA: UNI	TED STATES	}			
Phone Number:		5052774186		Fax Number: 5052774185					
E-mail A	Address:	heatherh@unm.edu							